U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

( Allo 1° S)			
1. File Number U - 83 50	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Terry P Mariacher	Name Bricklayers & Allied Craftworkers Local 9 PA		
	Labor Organization File Number 540-049		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 441 East Jamestoen RD	Street 100 Kingston DR		
City Greenville	City Pittsburgh		
State Pennsylvania ZIP Code + 4 16125	State Pennsylvania ZIP Code + 4 15235		
5. Position in labor organization. Executive Vice President/Fiel	d Rep.		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Bricklayers Pension Fund of Western PA	Meal, Trustee meetinng expense. 5-20-04		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street 1200 #3 Gateway Center	7.5. 7 WIGGING		
City Pittsburgh	\$93		
State Pennsylvania ZIP Code + 4 15222	Торина постор до торина постор от постор		
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed June & Mariatha	On 8/8/2005 724-588-6338		
- Carry / / contraction	Date Telephone Number		
Form I M-30 (2003)			

Name of Person Filing Terry Mariacher	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	0000 0000 0000 0000 0000 0000 0000 0000 0000
(including trade name, if any).  Name  Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		delination residence in the second se
Street		esservouvements
City		(GOARA MADOO) (SOO)
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing 1	Terry Mariacher	File Number U-

## Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Bricklayers Pension Fund of Western PA	Meal, Trustee meeting expense.8/19/04
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 1200 #3 Gateway Center	
City Pittsburgh	\$73
State Pennsylvania ZIP Code + 4 15222	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Bricklayers Pension Fund of Western PA	Meal, Trustee meeting expense, 11/18/04
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 1200 #3 Gateway Center	7.D. Alliount.
City Pittsburgh	\$125
State Pennsylvania ZIP Code + 4 15222	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Bricklayers Pension Fund of Western PA	Annual reimbursement for attendance at pension meetings for 2004. Attneded three meetings @ \$50.00 per meeting.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 1200 #3 Gateway Center	
City Pittsburgh	\$150
State Pennsylvania ZIP Code + 4 15222	

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Add New Part A

Name of Person Filing	Terrv	Mariacher
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## Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
o. Name and address of Employer (moderning state manner to any)	Meal, Trustee meeting expense. 1/22/04
Name Bricklayers, Masons & Roofers Welfare Fund	
Trade Name, if any:	
,	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 1200 #3 Gateway Center	
	\$113
City Pittsburgh	
State Pennsylvania ZIP Code + 4 15222	
A. Held an interest in, engaged in transactions (including loans) with, or derived	income or other economic benefit of monetary value from an employer whose
employees your organization represents or is actively seeking to represent.	·
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Bricklayers, Maons & Roofers Welfare Fund	Meal, Trustee meeting expense. 3/25/04
Name Bricklayers, Maons & Rooiers Wellare Fund	
Trade Name, if any:	
Trade Trainer, 11 MTy.	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
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Street 1200 #3 Gateway Center	$g_{abb}(abarda and an array abarda and array abarda and$
	\$84
City Pittsburgh	В непревонный принципальный принципальный принципальный принципальный принципальный принципальный принципальный
State Pennsylvania ZIP Code + 4 15222	
State Fellisylvalita	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Bricklayers, Masons & Roofers Welfare Fund	Meal, Trustee meeting expense. 5/27/04
Bricklayers, Masons & ROOIers Wellare Fund	
Trade Name, if any:	
D.O. Day Didy, Doom No. if any	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Ctroot	
Street 1200 #3 Gateway Center	Emones arrangement and encountries are required on the contraction of
	\$139
City Pittsburgh	
State Pennsylvania ZIP Code + 4 15222	
State Pennsylvania ZIP Code + 4 15222	

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Name of Person Filing Terry Mariacher	File Number U-

## Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Bricklayers, Masons, & Roofers Welfare Fund  Trade Name, if any:	Meal, Trustee meeting expense. 7/22/04
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 1200 #3 Gateway Center	\$114
City Pittsburgh	ATT.
State Pennsylvania ZIP Code + 4 15222	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	pure de la constante de la con
City	
State ZIP Code + 4	
A. Held an interest in, engaged in transactions (including loans) with, or derived	income or other economic benefit of monetary value from an employer whose
employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	

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Add New Part A

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